

Department of Industrial Accidents

Prospective Review Procedures – Request for Additional Medical/Clinical Information

I. Procedure for Request for Additional Medical Information

1. **Day 1:** Initial licensed UR reviewer receives request for UR review, conducts review, and determines need for additional medical information.
2. **Day 2:** Initial licensed UR reviewer sends letter to OP requesting additional medical/clinical information. Letter describes type of medical/clinical information required to complete review and return date.
3. Date of request for medical information and date of receipt of medical/clinical information shall be documented in UR case notes.
4. Request letter will inform OP they have a maximum of seven (7) business days from date of request for medical information to forward the required medical/clinical information to complete the review.
5. Request letter shall also inform OP if the requested medical/clinical information is not received on/or before the seventh (7th) business day the UR reviewer will base determination on the existing medical information.

II. Procedure for Non-Receipt of Medical Information

A. No Medical Information Received by Initial UR Reviewer

1. **Day 7:** Initial licensed UR reviewer receives no response to their request for additional medical/clinical information. Initial licensed UR reviewer forwards UR request and existing medical information to their Medical Director for review. The Medical Director conducts a review of the existing medical/clinical information and determines medical necessity based on guidelines/review criteria. UR agent issues prospective review determination within two (2) business days from day seven (7). Date of request for medical/clinical information and date of receipt of medical/clinical information is recorded in UR case notes.

III. Medical/Clinical Information Received And

A. Request Approved by Initial Licensed UR Reviewer

1. **Date of Receipt of Requested Medical/Clinical Information:** Medical information is received by initial licensed UR reviewer as requested. Date of receipt of medical/clinical information is recorded in UR case notes. Initial licensed UR reviewer conducts review for medical necessity based on guidelines/review criteria.
2. **Day 2 - After receipt of medical information:** Licensed initial UR reviewer determines approval of request based on guidelines/review criteria. Approval letter sent within (2) two business days of receipt of medical information. Date of request and date of receipt of medical/clinical information is recorded in UR case notes. Approval letter includes guideline/review criteria and clinical rationale.

B. Initial licensed UR Reviewer Unable to Approve Request:

1. **Date of Receipt of Requested Medical/Clinical Information:** Medical/clinical information is received by initial licensed UR reviewer as requested. Date of receipt of medical/clinical information is recorded in UR case notes. Initial licensed UR reviewer completes review of medical/clinical information based on guidelines/review criteria, and determines the need for same-school/peer review. UR agent forwards medical/clinical information, treatment guidelines/review criteria and clinical rationale to same-school/peer reviewer. Date of request for same-school/peer review is documented in UR case notes.

IV. Medical/Clinical Information Received, and Forwarded for Same-School/Peer Review:

A. Request Approved by Same-School/Peer Reviewer Within Two (2) Business Days of Receipt of Medical/Clinical Information

1. **Date of Receipt of Requested Medical/Clinical Information:** Same school/peer reviewer receives referral request from initial licensed UR reviewer and conducts review.
2. **Day 2 – After receipt of medical information:** Same school/peer reviewer completes review and determines no further medical information is required, and issues approval determination.
3. UR agent issues approval letter within two (2) business days from date of receipt of medical/clinical information by school/peer reviewer. Approval letter includes guidelines/review criteria and clinical rationale.

B. Request Adversely Determined by Same-School/Peer Reviewer within (2) business days of receipt of medical/clinical information.

1. **Date of Receipt of Requested Medical/Clinical Information:** Same- school/peer reviewer receives referral request for review from initial licensed UR reviewer and conducts review.
2. **Day 2–After receipt of medical information:** Same school/peer reviewer determines no additional medical/clinical information is required, completes review, and issues adverse determination.
3. UR agent forwards adverse determination letter within (2) two business days from date of receipt of medical/clinical information. Adverse determination letter includes identifier/name and school of same school/peer reviewer, guideline/review criteria, clinical rationale and appeal procedure.

C. Determines Need For Additional Medical Information after receipt of medical/clinical information from initial licensed UR reviewer.

1. **Date of Receipt of Requested Medical/Clinical Information:** Same-school/peer reviewer receives referral request for review from initial licensed UR reviewer and conducts review.
2. **Day 2-After receipt of medical information:** Same school/peer reviewer conducts review and determines further additional medical/clinical information is required. UR agent sends letter to OP requesting additional medical/clinical information. Letter describes the type of medical information required to complete the review. Date of request for medical information and date of receipt of medical/clinical information shall be documented in UR case notes.
3. Request letter shall inform OP they have a maximum of *seven (7)* business days from date of request for medical information, to forward the required medical information to complete review or to contact same-school/peer reviewer.
4. Request letter shall also inform OP if the required medical information is not received on or before the *seventh (7)* business day from the date issuance of request letter, the same-school/peer reviewer will base their determination on existing medical/clinical information.

D. Non-Receipt of Medical Information by Same School/Peer Reviewer

1. **Day 7:** Same school/peer reviewer receives no response to their request for additional clinical/medical information. UR Agent issues a prospective adverse determination within two business days. Adverse determination letter includes identifier/name and school of reviewer, guideline/review criteria, clinical rationale and appeal procedure. Date of request for medical information and response date is recorded in the UR case notes.

E. Medical/Clinical Information Received and Request Approved by Same-School/Peer Reviewer:

1. **Date of Receipt of Requested Medical/Clinical Information:** Medical information is received by same-school/peer reviewer. Date of receipt of medical/clinical information is recorded in UR case notes. Same-school/peer reviewer conducts review for medical necessity based on guidelines/review criteria.
2. **Day 2 – After receipt of medical information:** Same school/peer reviewer determines approval based on guidelines/review criteria. UR Agent sends Approval letter within two (2) business days of receipt of medical/clinical information.
3. Date of request and date of receipt of medical/clinical information is recorded in the UR case notes. Approval letter includes guideline/review criteria, clinical rationale.

F. Medical/Clinical Information Received and Request Adversely Determined by Same-School/Peer Reviewer:

1. **Date of Receipt of Requested Medical/Clinical Information:** Medical information is received by same-school/peer reviewer. Date of receipt of medical/clinical information is recorded in UR case notes. Same-school/peer reviewer conducts review for medical necessity based on guidelines/review criteria.
2. **Day 2 – After receipt of medical information:** Same school/peer reviewer issues adverse determination based on guidelines/review criteria. UR Agent sends adverse determination letter within two (2) business days of receipt of medical/clinical information.
3. Date of request and date of receipt of medical/clinical information is recorded in the UR case notes. Adverse determination letter includes guideline/review criteria, clinical rationale, identifier/name and school of reviewer and appeal procedure.